



NOTICE OF ASBESTOS ABATEMENT PROJECT

THIS NOTICE MUST BE RECEIVED NO LATER THAN 10 CALENDAR DAYS PRIOR TO THE START DATE
COMPLETE ALL APPLICABLE BOXES – INCOMPLETE OR ILLEGIBLE NOTICES WILL NOT BE ACCEPTED
MAIL OR FAX TO THE REGIONAL OFFICE – CIRCLE CHANGES ON AMENDED NOTICES

Notice date: / /	Initial <input type="checkbox"/> Amended <input type="checkbox"/>	Site Work Hours	Su	Mo	Tu	We	Th	Fr	Sa
Start date: / /	On Hold <input type="checkbox"/> Off Hold <input type="checkbox"/>	am am							
Completion: / /	Emergency <input type="checkbox"/>	to pm	Project Dates and Work Hours must be Exact						

CONTRACTOR		PROPERTY OWNER	
Company Name		Name	
Contractor Certification Number		Owner's Agent	
Signature		Company	
Printed Name		Address	
Phone Number		City	State ZIP+4
Job Site C.A.S.		Phone number	
JOB SITE		FACILITY	
Address		Type	
Building Name	Room	Age	Size
City WA		<input type="checkbox"/> Remodel <input type="checkbox"/> Demolition	
ZIP + 4	County	<input type="checkbox"/> Repair <input type="checkbox"/> Maintenance	

QUANTITY OF ASBESTOS TO BE: ☐ REMOVED ☐ ENCAPSULATED

Quantity _____ square feet		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
<input type="checkbox"/> Fireproofing	<input type="checkbox"/> Boiler insulation	CONTROL MEASURES	
<input type="checkbox"/> Popcorn ceiling	<input type="checkbox"/> Duct paper	<input type="checkbox"/> Neg. pres. enclosure	<input type="checkbox"/> Wrap & cut
<input type="checkbox"/> CAB	<input type="checkbox"/> VAT	<input type="checkbox"/> Glove bag	<input type="checkbox"/> Wet methods
<input type="checkbox"/> Sheet vinyl	<input type="checkbox"/> Roofing	<input type="checkbox"/> Mini enclosure	<input type="checkbox"/> HEPA vacuum
<input type="checkbox"/> Asbestos paper	<input type="checkbox"/> Other _____	<input type="checkbox"/> Critical barriers	<input type="checkbox"/> Manual methods
Quantity _____ linear feet		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mag. pipe insulation	<input type="checkbox"/> Cement asbestos pipe	RESPIRATORY PROTECTION	
<input type="checkbox"/> Air cell pipe insulation	<input type="checkbox"/> Mudded pipe ins.	<input type="checkbox"/> ½ mask APR	<input type="checkbox"/> Type C continuous flow
<input type="checkbox"/> Ducting/duct insulation	<input type="checkbox"/> Duct tape	<input type="checkbox"/> Full face APR	<input type="checkbox"/> Type C pressure demand
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> PAPR	<input type="checkbox"/> Other _____

INSTRUCTIONS—NOTICE OF ASBESTOS ABATEMENT PROJECT

THIS NOTICE MUST BE RECEIVED NO LATER THAN 10 CALENDAR DAYS PRIOR TO THE START DATE

Notices must be faxed or mailed to the regional office with jurisdiction over the project. Address correspondence to “Industrial Hygiene Compliance.” Notice is not required for any asbestos project involving less than forty-eight (48) square feet of surface area, or less than ten (10) linear feet of pipe unless the surface area of the pipe is greater than forty-eight (48) square feet. Notification requirements are found in WAC 296-65-020. Exemptions to the asbestos project definition are found in WAC 296-62-07722(3)(b).

REGIONS	MAILING ADDRESS	PHONE #/ FAX#	
Region 1: Island, San Juan, Skagit, Snohomish, and Whatcom	729 – 100 th St SE Everett WA 98208-3727	Phone:	425-290-1408
		Fax:	425-290-1437
Region 2: King	315 5 th Ave S Ste 200 Seattle WA 98104-2607	Phone:	206-515-2786
		Fax:	206-515-2784
Region 3: Clallam, Jefferson, Kitsap and Pierce	950 Broadway, Suite 200 Tacoma, WA 98402-4453	Phone:	253-596-3868
		Fax:	253-596-3903
Region 4: Clark, Cowlitz, Grays Harbor, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum	PO Box 44611 Olympia WA 98504-4611	Phone:	360-896-2378
		Fax:	360-902-5437
Region 5: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Kittitas, Okanogan, Walla Walla and Yakima	519 Grant Rd East Wenatchee WA 98802-5459	Phone:	509-886-6500
		Fax:	509-886-6510
Region 6: Southeast Adams, Asotin, Ferry, Garfield, Lincoln, Stevens, Pend Oreille, Spokane, and Whitman,	901 N Monroe St Ste 100 Spokane WA 99201-2149	Phone:	509-324-2526
		Fax:	509-324-2618

Start and completion dates: Exact starting and completion dates of the asbestos project, including shifts during which abatement work will be accomplished. These dates must not conflict with the dates specified for asbestos removal in the contract. Any change in these dates or work shifts must be communicated to the department by an amended notice.

- When the starting date or time changes, the amended notice must be filed no later than 5:00 p.m. on the business day prior to the starting date in the original notice and prior to the new starting date.
- When the completion date or time changes, the amended notice must be filed before completion of the project, and within eight hours from when the person learns that the change will occur.

Work hours: Give start and stop times for each work each day (including all shifts) and check the days of the week that work will occur. If the work shifts run overnight, check the day the shift begins. (For example if you work Friday from 6 pm to 4 am mark Friday and not Saturday, unless another shift begins on Saturday.)

Initial or Amended Notice: Initial notice is only the first notice on a project, any updates should be marked as amended.

Emergency: If the project is an emergency situation (reasonably unforeseeable projects involving significant ongoing hazards) notice must be provided to the Department within three (3) working days of starting work. **Note:** Projects considered emergencies by other regulatory agencies might not be considered an emergency under Labor and Industries regulations. There are additional posting and communication requirements for emergency projects, see WAC 296-65-020(5). Contact the regional industrial hygiene compliance staff if there are questions regarding emergencies.

Hold: Use these boxes to place a project on hold if the schedule has been temporarily delayed or if work is intermittent. To be timely notice must be received in the same manner as changes in starting and completion times. If the specific dates are known, a schedule may be attached to the initial notice, rather than filing multiple amended notices.

Property Owner: This box must contain the name of the property owner. If anyone will be representing the owner during the work the owner’s agent and company must be provided. An owner’s agent may be a property manager, attorney, architect, bank, holding company, etc. Provide an address and phone number for contacting the owner or their agent.

Job Site and Facility: You must include a complete and accurate job site address. This information must include the street location, city, Zip code and county. If the site is a large structure or complex of many buildings using the same street address, you must further identify where, within that complex, your project will be performed including the specific building and room. Additionally, describe the facility type (office, school, apartment, house, etc.), age (years), and size (square feet).

Quantity of asbestos to be removed: Determine the total quantity of material to be removed, in both square feet and linear feet. Check the box for each type of material to be removed. Include all materials to be handled during the project.

Large-scale, on-going projects: If you are submitting an annual waiver request for a large-scale, on-going project or maintenance program under WAC 296-65-020(3), contact the regional Industrial Hygiene Compliance Supervisor for permission and instruction for your submittal. Information in addition to this form may be required.

If any information on your notice should change for any reason, you must file an amended notice. Circle all new information on your amended notice before you submit it.

- If you have to change a job site address, you must include the old job address on the amended notice
- All amended notices must go to the same office to which the initial notice was filed (even if there was an error in submitting the initial notice).